

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St. David's Nursing Home
Centre ID:	0391
Centre address:	Gentian Hill
	Salthill
	Galway
Telephone number:	091 525358
Fax number:	091 589923
Email address:	monicapbrowne@hotmail.com
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Monica Browne
Person in charge:	Mary Keating
Date of inspection:	6 September 2011
Time inspection took place:	Start: 09:20 hrs Completion: 13:00 hrs
Lead inspector:	Mary Costelloe
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

St. David's retirement home is a two-storey dormer-style building that was established in 1980 and has places for 15 people. At the time of inspection there were 14 residents, some of whom had dementia. There was one resident with a physical disability under 65 years.

The accommodation on the ground floor consists of five single bedrooms and two assisted shower rooms. There is a separate day room and dining room. The small conservatory at the entrance to the building is also the designated smoking area.

Accommodation on the first floor consists of ten single bedrooms, one assisted shower room and an assisted bathroom. There are two stairways up to the first floor, one to the front and one to the rear of the building. The rear stairway has a stair lift.

A sluice room, nurses' station, administration office and kitchen are provided on the ground floor. The laundry is located externally at the rear of the building.

Residents have access to a paved area and a garden at the rear of the building. The main conservatory entrance to the front of the building has steps and a wheelchair accessible ramp. There is car parking provided at the front and rear of the building.

Location

St. David's Retirement home is located in a residential Cul de Sac in Salthill, County Galway.

Date centre was first established:	1980
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	0	6	6	2

Management structure

The Provider is Monica Browne. The Person in Charge is Mary Keating and she reports to the Provider. The Person in Charge is supported in her role by a Clinical Nurse Manager (CNM) who also deputises for her. A team of staff nurses, care assistants, housekeeping and catering staff all report directly to the Person in Charge. The Provider provides clerical and administrative support to the Person in Charge on a day-to-day basis.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1**	1 CNM	2	1	1	1	1*

* The provider was present during the inspection

** The person in charge was not on duty but came in and stayed for the duration of the inspection.

Background

St. David's Nursing Home was first inspected by the Health Information and Quality Authority's (the Authority) Social Services Inspectorate on 9 December 2009. A second inspection was carried out by the Authority on 9 and 10 November 2010 and was an announced registration inspection. The provider had applied for registration under the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

On the day of inspection the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. Inspectors observed an adequate ratio of staff to residents during the inspection and staff rotas confirmed these staffing levels to be the norm. The centre was clean, comfortable and well maintained throughout. The communal areas were appropriately furnished and the décor was pleasant.

Inspectors noted that the provider did not meet some of the requirements set out in the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland* in relation to the prescribing of medications, risk assessments, emergency plan and statement of purpose. There was also inadequate day space and lack of staff changing facilities.

The inspection reports can be found at www.hiqa.ie.

Summary of findings from this inspection

This additional inspection report outlines the findings of a follow up unannounced inspection that took place on 6 September 2011. The inspection focused on the areas where improvements were required as highlighted in the action plan in the inspection report of 9 and 10 November 2010.

Overall, the inspector was satisfied that the provider had implemented many of the actions required within the agreed timeframes. The provider was positive in her attitude and was committed to ensuring completion of all seven actions. Three actions were completed, two partially completed and while two actions were not completed the provider was actively working towards addressing them.

The key measures taken by the person in charge since the previous inspection were as follows:

- risk assessments had been undertaken for many environmental risks
- the emergency plan had been updated
- prescribed medications were all individually signed by the GPs
- resident's medications had been recently reviewed
- medications requiring strict controls were being checked and recorded at the change of each shift
- the temperature of the medication refrigerator was being checked and recorded on a daily basis
- care planning documentation had improved, care plans and risk assessments were being regularly reviewed
- assessments for the use of restraint were being completed
- the statement of purpose had been updated and submitted to the Authority following the previous inspection
- staff files had been updated to include the required documentation as set out in Schedule 2 of the Regulations.

The provider had applied for planning permission to extend the building to provide additional communal day space, a visitor's room and staff changing facilities. A planning decision had not yet been granted. Works were in progress in order to comply with the requirements of the statutory fire authority and were due to be completed mid October 2011.

Actions reviewed on inspection:

1. Action required from previous inspection:

There were no comprehensive risk assessments undertaken for all environmental risks throughout the centre.

Put in place an emergency plan for responding to emergencies.

This action was partially completed.

The inspector reviewed the risk register. Risk assessments had been completed for many environmental risks such as manual handling, slips, trips and falls, hot surfaces, the stairs, risks associated with the kitchen, electric appliances and cables, the garden, and use of chemicals. All risks had not been identified such as the risks associated with needle stick injuries, smoking and handling and storage of clinical waste. The risk management policy did not include specified risks as outlined in the Regulations including residents absent without leave, assault, accidental injury to residents and staff, aggression and violence and self-harm.

The emergency plan had been updated and the contact details of all persons who may be required to be contacted in the event of emergency had been included.

2. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Maintain, in a safe and accessible place, a record of each drug and medicine administered in respect of each resident, giving the date of the prescription, dosage, name of the drug or medicine, method of administration, signed and dated by a medical practitioner and the nurse administering the drugs and medicines in accordance with any relevant professional guidelines.

This action was completed.

The inspector reviewed a number of residents prescribing charts. All medications had been individually signed by the general practitioner (GP). The CNM on duty told the inspector that there were currently no residents who required crushed medications. All residents' medications had been recently reviewed. The CNM showed the inspector the medication review file which had been set up to ensure continued regular medication reviews for all residents. Medication reviews were signed by the GP, pharmacist and nurse.

Medications requiring strict controls were being checked, counted and signed by two nurses at the change of each shift.

The temperature of the medication refrigerator was being checked and recorded on a daily basis.

The CNM showed the inspector the three-monthly medication audits that she had completed which included a review of all residents' medication charts. The CNM told the inspector that she had discussed the review of medication charts and findings with staff to ensure learning.

3. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

This action was completed.

The inspector reviewed a sample of resident's files including the file of a resident under 65 years, a resident with dementia and a resident who was being restrained. The residents' files were presented in a neat and orderly manner. The CNM told the inspector that resident files had been reviewed and updated following the last inspection. New care planning documentation was in place. The nursing assessments and care plans in place were found to be comprehensive, person-centred and had been reviewed and updated. A wide range of assessments were being completed including falls risk, risk of developing pressure ulcers, nutritional assessment, memory test and manual handling assessments. All assessments were up-to-date and had been reviewed regularly.

The CNM told the inspector that bedrails were in use for a number of residents. She said that risk assessments for the use of restraint had been completed for all residents. The inspector reviewed a sample file and confirmed that assessment for the use of restraint was completed which included alternative interventions considered. The resident/relative had been consulted regarding the use of restraint and a signed consent form was documented.

4. Action required from previous inspection:

Provide adequate private and communal accommodation for residents.

Provide suitable changing and storage facilities for staff.

This action was not completed.

The provider told the inspector that she had plans drawn up to extend the building to include additional communal day space, a visitors' room and staff changing facilities. She had applied for planning permission and was waiting on a decision from the planning authority. She said that the Galway County Council had deferred the planning decision for one month due to some of their staff being on annual leave and she expected a decision by the end of October 2011. She told the inspector that she had a building contractor engaged to commence the building works as soon as the planning permission was granted.

5. Action required from previous inspection:

Compile a statement of purpose that contains all matters listed in Schedule 1 of the Regulations.

This action was partially completed.

The provider had updated the statement of purpose following the last inspection. The inspector noted that some further updates were required in order to fully meet the requirements of the Regulations. These were discussed with the provider who agreed to update and resubmit same.

6. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 of the Regulations have been obtained in respect of each person.

This action was completed.

The inspector reviewed a sample of staff files and noted that the required documentation and information was included to comply with Schedule 2 of the Regulations. Current registration numbers were available for all nursing staff.

7. Action required from previous inspection:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action was not completed.

The provider told the inspector that a schedule of works had to be completed in order to meet the requirements of the Fire Officer. She said that works were ongoing, the remaining works were scheduled to commence on 7 September 2011 and were expected to take six weeks to complete. She said that she was hopeful that

the works would be completed by mid October and that the engineer would then be in a position to issue written confirmation of compliance.

Report compiled by:

Mary Costelloe

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

7 September 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
9 December 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
9 and 10 November 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St. David's Nursing Home
Centre ID:	0391
Date of inspection:	6 September 2011
Date of response:	26 September 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

All risks had not been identified such as the risks associated with needle-stick injuries, smoking and handling and storage of clinical waste.

The risk management policy did not include specified risks as outlined in the Regulations including residents absent without leave, assault, accidental injury to residents and staff, aggression and violence and self-harm.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Action required:	
Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.	
Reference:	
Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Risk assessments are now in place for the following:</p> <ul style="list-style-type: none"> ▪ needle-stick injuries. ▪ smoking ▪ handling and storage of clinical waste. <p>Our risk management policy will include precautions in place to control the following specified risks:</p> <ul style="list-style-type: none"> ▪ residents absent without leave ▪ assault ▪ accidental injury to resident or staff ▪ aggression and violence ▪ self-harm. 	30/09/2011

2. The provider has failed to comply with a regulatory requirement in the following respect:

There was no separate room or space for residents to meet visitors in private.

There were no staff changing facilities provided.

Action required:

Provide adequate private and communal accommodation for residents.

Action required:

Provide suitable changing and storage facilities for staff.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Planning permission has been applied for a second lounge for residents and also facilities for staff changing room.	31/10/2011

3. The provider has failed to comply with a regulatory requirement in the following respect: The statement of purpose did not include all the requirements as specified in Schedule 1 of the Regulations.	
Action required: Compile a statement of purpose that contains all matters listed in Schedule 1 of the Regulations.	
Reference: Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Statement of Purpose	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Our statement of purpose has been updated to include all matters listed in Schedule 1 of the Regulations.	30/09/2011

4. The provider has failed to comply with a regulatory requirement in the following respect: The provider has not submitted written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.	
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Action required:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference:

Health Act, 2007
 Regulation 32: Fire Precautions and Records
 Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:**Timescale:**

Providers response:

St. David's has retained consultant fire engineers to ensure compliance with the requirements of the statutory fire authority. Upgrading works are currently in progress and completion is imminent.

31/10/2011

Any comments the provider may wish to make:**Provider's response:**

All of us at St David's take great pride in the warm and caring atmosphere at our home. We will continue to work with the Authority to achieve the highest standards and continued learning and awareness for ourselves.

Provider's name: Monica Browne

Date: 30 September 2011